

# HOUSE BILL No. 1725

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-36-4-10.

**Synopsis:** Living will declaration form. Replaces the current living will declaration form with a new living will declaration form.

**Effective:** July 1, 2005.

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**Welch, Becker**

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January 19, 2005, read first time and referred to Committee on Judiciary.

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Introduced

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

## HOUSE BILL No. 1725

A BILL FOR AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 16-36-4-10 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 10. The following is the  
3 living will declaration form:

### LIVING WILL DECLARATION

4 Declaration made this \_\_\_\_\_ day of \_\_\_\_\_ (month; year): I;  
5 \_\_\_\_\_, being at least eighteen (18) years of age and of sound  
6 mind; willfully and voluntarily make known my desires that my dying  
7 shall not be artificially prolonged under the circumstances set forth  
8 below; and I declare:  
9

10 If at any time my attending physician certifies in writing that: (1) I  
11 have an incurable injury, disease, or illness; (2) my death will occur  
12 within a short time; and (3) the use of life prolonging procedures would  
13 serve only to artificially prolong the dying process; I direct that such  
14 procedures be withheld or withdrawn; and that I be permitted to die  
15 naturally with only the performance or provision of any medical  
16 procedure or medication necessary to provide me with comfort care or  
17 to alleviate pain; and, if I have so indicated below, the provision of

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artificially supplied nutrition and hydration. (Indicate your choice by  
initialling or making your mark before signing this declaration):

\_\_\_\_\_ I wish to receive artificially supplied nutrition and  
hydration; even if the effort to sustain life is futile or excessively  
burdensome to me.

\_\_\_\_\_ I do not wish to receive artificially supplied nutrition  
and hydration; if the effort to sustain life is futile or excessively  
burdensome to me.

\_\_\_\_\_ I intentionally make no decision concerning  
artificially supplied nutrition and hydration; leaving the decision  
to my health care representative appointed under IC 16-36-1-7 or  
my attorney in fact with health care powers under IC 30-5-5.

In the absence of my ability to give directions regarding the use of  
life prolonging procedures; it is my intention that this declaration be  
honored by my family and physician as the final expression of my legal  
right to refuse medical or surgical treatment and accept the  
consequences of the refusal.

I understand the full import of this declaration.

Signed \_\_\_\_\_

\_\_\_\_\_

City, County, and State of Residence

The declarant has been personally known to me; and I believe  
(him/her) to be of sound mind. I did not sign the declarant's signature  
above for or at the direction of the declarant. I am not a parent, spouse,  
or child of the declarant. I am not entitled to any part of the declarant's  
estate or directly financially responsible for the declarant's medical  
care. I am competent and at least eighteen (18) years of age.

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ January 19

Judiciary.

### LIVING WILL DECLARATION OF

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

I, being at least eighteen (18) years of age and of sound mind,  
willfully and voluntarily make known my desires that if at any time  
I have an incurable injury, disease, or illness determined to be a  
terminal condition, I have indicated my choice below, by initialing  
or making my mark before signing this declaration:

\_\_\_\_\_ I do not want my life to be prolonged nor do I want  
life prolonging procedures to be provided or continued if my  
appointed power of attorney Agent / Attorney-in-Fact for Health  
Care / Health Care Representative, believes the burdens of the

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1 treatment outweigh the expected benefits. I want my agent to  
 2 consider the relief of suffering, the expense involved, and the  
 3 quality as well as the possible extension of my life in making  
 4 decisions concerning life prolonging procedures. By life prolonging  
 5 procedures, I am referring to appropriate nutrition and hydration,  
 6 the administration of medication, and the performance of all other  
 7 medical procedures necessary to extend my life.

8 \_\_\_\_\_ I want my life to be prolonged, and I want life  
 9 prolonging procedures, such as appropriate nutrition and  
 10 hydration, the administration of medication, and the performance  
 11 of all other medical procedures necessary to extend my life, to  
 12 provide comfort care, or to alleviate pain to be provided or  
 13 continued unless I am in a coma, which my family physician,  
 14 preferably, or attending physician believes to be irreversible, in  
 15 accordance with reasonable medical standards at the time of  
 16 reference. If and when I have suffered an irreversible coma, I want  
 17 life prolonging procedures to be withheld or discontinued.

18 \_\_\_\_\_ The declarant may choose to prepare a different  
 19 provision that best reflects his or her desires, as follows:

20 \_\_\_\_\_  
 21 \_\_\_\_\_  
 22 \_\_\_\_\_  
 23 \_\_\_\_\_  
 24 \_\_\_\_\_

25 In the absence of my ability to give directions regarding the use  
 26 of life prolonging procedures, it is my intention that this  
 27 declaration be honored by my family and physician as the final  
 28 expression of my legal right to refuse medical or surgical treatment  
 29 and accept the consequences of the refusal.

30 I understand the full import of this declaration.

31 Signed \_\_\_\_\_

32 \_\_\_\_\_  
 33 City, County, and State of Residence

34 The declarant has been personally known to me, and I believe  
 35 (him/her) to be of sound mind. I did not sign the declarant's  
 36 signature above for or at the direction of the declarant. I am not a  
 37 parent, spouse, or child of the declarant. I am not entitled to any  
 38 part of the declarant's estate or directly financially responsible for  
 39 the declarant's medical care. I am competent and at least eighteen  
 40 (18) years of age.

41 Signature \_\_\_\_\_

42 Name, typed or printed \_\_\_\_\_

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1       **Street** \_\_\_\_\_  
2       **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
3       **Telephone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
4       **Signature** \_\_\_\_\_  
5       **Name, typed or printed** \_\_\_\_\_  
6       **Street** \_\_\_\_\_  
7       **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
8       **Telephone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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